ORDER OF ASSEMBLY FOR DIRECT COMMISSIONING OFFICER APPOINTMENT PACKET

NAME/RANK:		UNIT:	
Note: Ensure Applic	cation Packet is tabbed according to the list bel	low:	
TAB A:	signatures w/o prior approval. Must show 24 Active ARNG unit immediately preceding the equivalent). Must have statement on page 3 in initial appointment as an officer in the Army	vacancy info. Original CDR signatures required – no "for" 4 months TIG in any federally recognized unit and 12 month e application. Applicant must be a graduate of PLDC or in section u (remarks), "I the undersigned acknowledge that it National Guard I am required to remain in an active status in atory obligation or two years, whichever is later, beginning wis."	s in an upon n the
TAB B:		MALL LEVELS OF COMMAND (Company Commande Must contain specific and objective details regarding indivious of OCS.)	
TAB C:	BIRTH CERTIFICATE (applicant must be waiver up to 35 yrs; NGB may waive up to 39	a US citizen) Minimum Age is 22; maximum is 30 without byrs 11 months.	TAG
	completed <u>prior to</u> submission of packet. God attach DA From 7349R (Annual Medical Cert	Originals Only, No Copies (<u>Chapter 2 Physical</u> must be od for 2 Years, however, if over 1 Year old, must complete artificate). Include any approved medical waivers. <u>Females</u> m, to include pap smear and results, was completed with one y	ust
TAB E:	VERIFICATION OF SECURITY CLEARA O		
		STMT OF UNDERSTANDING FOR APPOINTMENT	
	CIVILIAN EDUCATION (ONE original "rastudent)	aised seal" transcript that shows a 4 year degree – <u>not issue</u> d	<u>d to</u>
TAB G:	OCS ENROLLMENT AND ATTENDANC	CE STATEMENT (see sample form that follows this checkli	(st)
TAB H:	CERTIFIED ACCURATE COPY OF DAF	FORM 2-1 (with GT score of <u>110 or greater</u>)	
TAB I:	NON COMMISSIONED OFFICER EVALUATION REPORTS (A	UATION REPORTS (NCOERs) DA Form 2166 -7 and AERs) DA Form 1059	
TAB J:	CERTIFIED DA FORM 705 (must be within 6 months of application date, scores above 70 pts. in each event)		
TAB K:	CERTIFIED VERIFICATION OF HEIGHT/WEIGHT STATEMENT (must be dated within 90 days of application date)		
TAB K:	DA FORM 5500, BODY FAT CONTENT WORKSHEET (no N/A entries; should be no more than 2% below maximum allowable - i.e. if max allowed is 24% for soldier's age, soldier should be <u>at most</u> 22 %)		
TAB L:	: MENTOR ASSIGNMENT MEMO (must be OBC qualified and outside of applicant's chain of command)		
TAB M:	DD Form(s) 214		
TAB N:	AWARD, CERTIFICATES OR LETTERS	S DOCUMENTING LEADERSHIP ACHIEVEMENT	
TAB O:	ANY AUTHORIZED AND APPROVED W	VAIVERS	
TAB P:	ADDITIONAL DOCUMENTS:		
	- NGB FORM 337 (Soldier needs to comple	lete and sign 1^{st} two sections; date will be left blank)	
OER In	nformation (will be rated by:	Sr. Rater:)	
	POC submitting packet:		
	POC phone number		

OCS ENROLLMENT AND ATTENDANCE HISTORY TAB G

I have never been enrolled or attended OCS in the past.			
I was previously enrolled and/or attended OCS:			
a. Dates of attendance: Start End			
b. I did not complete the course due to (check all that apply and	d explain circumstances for release)		
Cadre request:			
Failure to pass FRB:			
Honor Code Violation:			
Law Violation:			
Medical Injury / Illness:			
Involuntary dis-enrolled:			
Did not desire to complete program:			
Personal Reasons:			
Civilian Employment:			
Other:			
Individual's Signature	Date		
Authenticator's Signature	Date		